

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks: 0

Number of Copies of CDs: 0

Sequence Submission?:: Paper

Computer Readable From (CRF)?:: Yes

Number of Copies of CRF:: 1

Title:: METHOD OF INDUCING MEMORY B CELL
DEVELOPMENT AND TERMINAL
DIFFERENTIATION

Attorney Docket Number:: 252024

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Warren
Middle Name:: J
Family Name:: LEONARD
Name Suffix::
City of Residence:: Bethesda
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 9020 Burdette Road

City of mailing address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20817
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name::
Family Name:: LIPSKY
Name Suffix::
City of Residence:: Rockville
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 10301 Grosvenor Place, #1907

City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Herbert
Middle Name:: C
Family Name:: MORSE
Name Suffix:: III
City of Residence:: Rockville
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 6104 Nightshade Court

City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Catherine
Middle Name:: Rachel
Family Name:: ETTINGER
Name Suffix::
City of Residence:: Bethesda
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 4858 Battery Lane, #114

City of mailing address:: Bethesda
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20814
Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Rosanne
Middle Name::
Family Name:: SPOLSKI
Name Suffix::
City of Residence::
State or Prov. of Residence:: Ellicott City
Country of Residence:: US
Street of mailing address:: 4621 Old Dragon Path

City of mailing address:: Ellicott City
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21042

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 45733
Phone:: (202) 737-6770
Fax:: (202) 737-6776
E-mail Address:: dcmail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 45733
Representative Designation:: Registration Representative Name::
Number::

DOMESTIC PRIORITY INFORMATION

Application:: This Application PCT/US04/39135	Continuity Type:: National Stage of An application claiming the benefit under 35 USC 119(e) of	Parent Application:: PCT/US04/39135 60/523,754	Parent Filing Date:: 11/18/04 11/19/03
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FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
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ASSIGNEE INFORMATION

Assignee name::	Government of the United States of America, represented by the Secretary, Department of Health and Human Services
Street of mailing address::	Office of Technology Transfer 6011 Executive Boulevard, Suite 325
City of mailing address::	Rockville

**State or Province of
mailing address::** MD

**Country of mailing
address::** US

**Postal or Zip Code of
mailing address::** 20852

NIH Application Data Sheet DC (revised 10/21/04)